PTO/SB/01 (08-03)

Approved for use through 07/31/2008. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Peperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Attorney Docket Number 11240 DECLARATION FOR UTILITY OR First Named Inventor DESIGN Kangas COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) Application Number Filing Date Declaration Declaration Submitted after initial Submitted OR Art Unit With Initial Filing (surcharge Filing (37 CFR 1.16 (e)) **Examiner Name** required) I hereby declare that: Each inventor's residence, mailing address, and citizenship are as stated below next to their name. I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled: APPARATUS FOR PAPER MAKING AND PAPER SURFACE ENHANCEMENT (Title of the Invention) the specification of which X is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International and was amended on (MM/DD/YYYY) Application Number (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed. **Prior Foreign Application** Foreign Filing Date **Priority** Certified Copy Attached? (MM/DD/YYYY) Number(s) Country Not Claimed Yes Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## **DECLARATION** — Utility or D sign Patent Applicati n

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
NAME OF SOLE	OR FIRST IN	VENTOR:		Ap	etition h	nas be	en filed	for thi	s unsian	ed inventor
Given Name (first and middle						F	Family Name or Sumame Kangas			
Inventor's Signature	1	<i>f</i>	2					Date ///27/2003		
Residence: City		State			•				Citizen	•
	Atlanta GA			U.S.A U.S				S.A.		
Mailing Address 3067 McCully Drive NE										
City Atlan	nta	State GA				ZIP 30	)345			Country U.S.A.
NAME OF SECOND INVENTOR:				$\Box$	A pe	A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any]) Marjatta F.				<u> </u>	•	Family Name or Surname Kangas				
Inventor's Signature	Mixt	at L								Date 1/ /24/03
Residence: City Atlan	nta	State GA	0		Count U.	ry S.A			Citizen Finlan	ship d (U.S.A. applied)
Mailing Address 3067 McCully Drive NE										
City Atlan	nta	State GA				ZIP 30	)345		Countr	y U.S.A.
Additional Inv	entors or a legal re	presentative are bel	ng named on t	hes	uppleme	ntal shee	et(s) PTC	)/SB/02A	or 02LR a	ittached hereto.

PTO/SB/81 (09-03)

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## **POWER OF ATTORNEY** and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	<del> </del>

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I hereby appoint:	······	·····		<del></del>		
Practitioners associated with the Customer Number:						
OR	L	<del></del>	·			
Practitioner(s) named below:						
	Name			Number		
Walter A Roo	dgers	27,380				
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City	Atlanta	State	GA	Zip 30327		
Country	- 0.011					
Telephone	404-705-9299	Fax	404-705-92	-9297		
l am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.						
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Name Martti X-O. Kangas						
Signature						
Date //	24/2003		Telephone	770-934 0189		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
*Total of forms are submitted.						

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Application Number

## **Filing Date POWER OF ATTORNEY** First Named Inventor and Title **CORRESPONDENCE ADDRESS** Art Unit **INDICATION FORM Examiner Name**

		Attorne	y Docket Num	Der				/
I hereby appoint:								
Practitioners associated OR	,,			·				
Practitioner(s) named below:								
	Name	T	Registration Number					
Walter A Roc	lgers		27,380					
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as my/our attorney(s) or agent(s) to prosecute the application identifi			hove, and to tra	ensact all bu	siness in	the Uni	ted States Patent an	d
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l am the:	1 404-705-9299	4-705-9299 Fax 404-705-9297						
X Applicant/Inventor.								
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
SIGNATURE of Applicant or Assignee of Record								
Name Mariatta E. Kangas								
Signature Total								
Date   0 11/2 1		Teleph	one	<u>770-9</u>	934 0189			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(e) are required. Submit multiple forms if more than one signature is required, see below.								
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